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SIPDIS  
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AFR/SA FOR ELOKEN, LDOBBINS, BHIRSCH, JHARMON  
OFDA/W FOR ACONVERY, CCHAN, LPOWERS, KMARTIN  
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SUBJECT: WASH Assessment trip, April 20 - May 1, 2009

HARARE 00000486 001.2 OF 004

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SUMMARY  
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11. From April 20 to May 1, 2009, the water, sanitation, and hygiene (WASH) specialist undertook an assessment of the WASH sector response to the present cholera epidemic in Zimbabwe. The water and sewer systems serving urban centers in Zimbabwe are in a state of severe disrepair as a result of financial neglect and the resulting lack of maintenance. Approximately 80 percent of boreholes in rural areas are broken. Cholera control interventions by NGOs and local government involve distribution of hygiene kits, hygiene promotion and minor repair of water and sewer infrastructure.

12. WASH sector, non-governmental organizations (NGOs) in partnership with local governments are performing exceptionally well in implementing cholera control interventions that meet professional standards. Individual NGOs are performing independent evaluations of their WASH programs and a month-long sector-wide evaluation will conclude in mid-June. While the overall number of cases of cholera has decreased dramatically over the last month it is critical that the sector be prepared for isolated outbreaks and possible second major cholera outbreak this fall by continuing hygiene promotion activities.

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USAID/DART WASH  
SPECIALIST ACTIVITIES  
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13. While in Zimbabwe, the USAID/DART WASH specialist met with the UN Children's Fund (UNICEF), Oxfam/Great Britain (GB), World Vision, International Relief and Development (IRD), Population Services International (PSI), Lead Trust, Practical Action, Concern, Medecins sans Frontieres Holland, and GOAL. The WASH specialist conducted assessment visits to the urban areas in Bulawayo, Chegutu and Kadoma districts, high-density suburbs of Harare area, and rural areas in

Mount Darwin district. During these visits the WASH Specialist met with local leaders, sanitation committees, and Government of Zimbabwe (GOZ) public health and utility employees. The WASH specialist participated in the WASH cluster and WASH Strategic Action Group (SAG) meetings.

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WATER AND SEWER SYSTEMS IN  
URBAN AREAS AND GROWTH POINTS  
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¶4. Water and sewer systems serving urban centers in Zimbabwe are in very poor condition as a result of financial neglect and the resulting lack of maintenance. Water leaks are evident throughout urban areas. Water is produced and delivered irregularly in urban areas and growth points, while many high-density urban areas have no piped service. Urban water and growth point water treatment facilities have an extremely limited supply of chemicals.

¶5. Water facility operators are knowledgeable and professionally operate the facilities when chemicals are available. Operators cease producing water when there are no water treatment chemicals. Shutting off water supplies disrupts service and allows contaminated ground water to enter empty water pipes. During water disruptions residents obtain water from contaminated shallow open wells. The Qresidents obtain water from contaminated shallow open wells. The WASH sector has been actively repairing urban hand pumps to provide an alternate source of water when the piped water is unavailable.

¶6. The gravity sewers have overflowed in numerous locations. The sewage runs down streets and pools in low areas creating large marshy areas filled with sewage. The overflowing sewage is not a

HARARE 00000486 002.2 OF 004

recent occurrence, but has been going on for years. Residents have created ditches along streets directing the sewage to open land next to communities. NGO partners are working with sewer operators, providing tools and assistance to unclog sewers and making minor repairs. Unfortunately, due to limited water service the sewers become blocked regularly, sometimes every 2-3 days.

¶7. Repair and renovation of urban water and sewer systems will be a massive long-term financial undertaking, but a necessary one if the Government of Zimbabwe wishes to minimize future outbreaks of water-borne and sanitation-related diseases in urban areas. Any U.S. Government long-range strategic planning for the WASH sector must consider support for repair and renovation of urban water and sewer systems.

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WATER AND SANITATION IN RURAL AREAS  
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¶8. Rural residents use shallow wells or handpumps connected to boreholes for water needs. Where these water sources are unavailable or broken, residents obtain water from shallow wells, rivers and streams. UNICEF estimates approximately 80 percent of rural hand pumps are not functioning. The WASH sector is repairing rural hand pumps in high risk locations.

¶9. Latrine coverage in rural areas is minimal as many pit latrines are full and not functional. WASH sector interventions have focused on repair of school latrines and household latrine construction in densely populated areas.

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HUMANITARIAN COORDINATION  
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¶10. In partnership with the NGO community, the WASH cluster co-leads, UNICEF and Oxfam GB, are successfully coordinating interventions through the WASH cluster mechanism. The WASH cluster

has formed a highly effective strategic advisory group that overseas technical issues and has outlined a cholera control strategy that has been adopted by the NGO community. Health and WASH partners implementing social mobilization interventions have formed a working group to guide hygiene promotion interventions and standardize associated printed materials. NGO partners appear to be actively participating in cluster meetings and working groups.

¶11. UNICEF has a full time information management officer to support WASH cluster efforts to improve coordination. The information management support has dramatically improved WASH sector data collection and dissemination of compiled data.

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CHOLERA CONTROL INTERVENTIONS  
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¶12. UNICEF and NGO WASH staff appear to have the technical capacity to effectively implement cholera control interventions. The present cholera outbreak appears to have been mitigated by the WASH sector's focus on household water treatment, hygiene promotion and minor repairs to sewers, water lines, and hand pumps. Since sewage still flows in the streets and water supplies are intermittent, one must credit the distribution of soap, household water disinfectants and Qcredit the distribution of soap, household water disinfectants and hygiene promotion with the decrease in cholera cases. The WASH sector continues to implement an aggressive hygiene promotion program that they hope will provide community members with the knowledge and tools to prevent the spread of cholera this fall, when an increase in cholerases cases is expected. The hygiene promotion program utilizes Community Health Volunteers to conduct hygiene promotion activities and instruction on household water treatment. These workers have been instrumental in minimizing the spread of cholera.

HARARE 00000486 003.2 OF 004

¶13. New borehole construction by UNICEF remains a concern. The construction of new boreholes is a costly intervention that is not sustainable without long-term technical support. Repairing existing boreholes appears to be a more effective intervention. The WASH sector should focus its efforts on hygiene promotion, household water treatment and the continued use of Community Health Volunteers.

¶14. The distribution of NFIs through UNICEF has been effective, but NGOs have stated that distribution of material was at times slow and water containers purchased were substandard. Of particular concern was the instance of UNICEF's logistics officers steering program direction by procuring open-topped buckets versus more technically-sound closed-lid jerrycans, with the justification of "not wanting to ship air." OFDA's WASH specialist highlights the risk of secondary contamination due to improper use of buckets, and NGO partners are now purchasing approved jerry cans in lieu of distributing the UNICEF buckets. NGOs stated that allowing them to purchase NFIs will allow them greater flexibility in distribution, to respond faster and purchase of approved jerry cans.

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EVALUATION AND MONITORING  
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¶15. The implementation of WASH interventions appears to be progressing well. NGO partners have been conducting real time evaluations of their WASH programs and making adjustments to their program activities based on evaluation results. The WASH sector is planning to conduct an in-depth evaluation of the sector activities from mid-May to mid-June. The results of the evaluation will be used by the cluster to develop the strategy for the expected cholera season this fall.

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RECOMMENDATIONS  
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¶16. USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

should support the ongoing highly effective hygiene promotion and household water treatment interventions. While it appears that the present cholera epidemic is ending, the disease has a high probability of resurfacing this fall. It is imperative that existing hygiene promotion and household water treatment interventions continue. These interventions will help prepare communities for the next outbreak and will be instrumental in the prevention of the spread on new cases of cholera this fall.

¶17. The present efforts by NGOs to strengthen preexisting community based public health programs, such as Community Health Volunteers, should be strongly supported, and, if possible, expanded. Community based public health programs have been shown to be very effective in the prevention of cholera. Community Health Volunteers, supported by NGOs, implementing effective hygiene promotion and household water treatment programs, would be instrumental in preventing a reoccurrence of a massive a cholera epidemic this fall and preventing other hygiene-related diseases in the future.

¶18. It is critical that urban water treatment plants, in both major cities and growth points, have sufficient chemicals to treat and deliver safe drinking water to residents. If treatment plants run short of chemicals one can expect to see numerous, very large, point source outbreaks of cholera attributable to contaminated water systems. USAID/OFDA should closely coordinate with other donors to ensure the WASH cluster monitors urban and growth point water treatment plants to ensure the facilities have an adequate quantity of water treatment chemicals.

¶19. OFDA should fund NGO partners to acquire and distribute NFIs, including soap, jerrycans, and household water treatment methodologies. Being able to procure NFIs with OFDA funds (as

HARARE 00000486 004.2 OF 004

opposed to relying on UNICEF) would allow NGOs greater flexibility and dramatically increase their rapid response time, a critical issue when preventing cholera outbreaks. NGOs could also develop local markets by purchasing NFIs locally and find vendors for approved water storage containers. OFDA supported PSI for the distribution and social marketing of water treatment tablets ("Aquatabs") during the current outbreak, and should consider supporting their diversification into other options, such as the chlorine liquid "Waterguard" (which has more versatility in treatment options than Aquatabs).

¶20. USAID/OFDA should avoid funding drilling of new boreholes. The present situation in Zimbabwe makes new boreholes unsustainable, as even most existing hand pumps are often not being properly maintained. In addition, USAID/OFDA should avoid funding the construction of latrines, as this is not a critical cholera prevention strategy.

¶21. USAID/OFDA should avoid funding any repair or renovation of the existing water and sewage treatment infrastructure. One WASH specialist advised that some NGOs are attempting to repair sub-standard sewage systems installed in peri-urban areas by contractors years ago as the population of Harare grew. It is likely that these sub-standard sewage lines will need to be removed when and if a major renovation of the water/sewage system in Harare is undertaken. As other donors and international finance institutions consider wider infrastructure repairs, OFDA's WASH specialist highlights that these have little effect on immediate cholera transmission or occurrence, and re-emphasizes the above-outlined recommendations of hygiene promotion, household water treatment, and distribution of necessary NFIs in preparation for the upcoming cholera season.

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